

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 09-30-1995

No. 559	Idaho Limited Liability Company Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	ROBERT C MILLER
	1. Mailing Address - Please Correct If Not Correct	1061 BLUE LAKES BLVD N STE 10
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080	MILLER AND ASSOCIATES, L.L.C.	TWIN FALLS ID 83301
** FINAL NOTICE **	ROBERT C MILLER	3. Organized Under The Laws of
NO FEE REQUIRED	1061 BLUE LAKES BLVD N STE 102	ID
	TWIN FALLS ID 83301	NO: 559

4. Names and Addresses of ☒ Managers or ☐ Members (check one) MUST BE PRINTED OR TYPED

Name	Street or P.O. Address	City	State	Zip
Robert C. Miller	2280 Longbow Drive	Twin Falls	Id.	83301

5. Signature of the Current Registered Agent (if changed in block 2)	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.
_____	Signature <u>Robert C. Miller</u> Date <u>10-17-95</u> Name (Typed or Printed) <u>ROBERT C. MILLER</u>